



**Weekly Activity Report**  
For Methods and/or Student Teaching Practica.  
Check with College Supervisor to find out if this is required for you.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE OR SUBJECT \_\_\_\_\_

1. **NEW INSTRUCTIONAL EXPERIENCES (completed by teacher candidate):**

2. **OPTIONAL COMMENTS BY COOPERATING TEACHER:**

3. **ASSISTANCE REQUESTED FROM COLLEGE SUPERVISOR  
(completed by either teacher candidate or cooperating teacher):**

\_\_\_\_\_  
TEACHER CANDIDATE'S SIGNATURE

\_\_\_\_\_  
COOPERATING TEACHER'S SIGNATURE